

# Parent/Guardian Request for Fluid Milk Substitution

## Wilson County School's School Nutrition Program

Parents/guardians may request, in writing, a non-dairy fluid milk substitution for their child with a medical or special dietary need without providing a statement from a medical authority. The milk substitute requested must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs<sup>1</sup>. Important note: Program operators are not required to provide substitutions and this request may be denied<sup>2</sup>. Price, availability, purchasing requirements, and other factors will be considered for this request. Fruit juice and water do not qualify as milk substitutes.

**The only substitution for fluid milk for students who are lactose intolerant is Lactaid milk. All students with a substitution request will receive this substitution unless otherwise indicated by a medical statement signed by a licensed medical professional. The non-dairy milk substitution available for students is soy milk. All students will receive this milk unless otherwise indicated on a medical statement signed by a licensed medical professional. This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option.**

A non-dairy milk substitute must, at a minimum, contain the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution:

Nutrient	Amount	Nutrient	Amount
Protein	8 grams	Phosphorus	222 mg
Calcium	276 mg	Potassium	349 mg
Vitamin A	500 IU	Riboflavin	.44 mg
Vitamin D	100 IU	Vitamin B-12	1.1 mcg
Magnesium	24 mg		

<sup>1</sup>Reference: 7 CFR 210.10(d)(3) and 7 CFR 220.8(d); <sup>2</sup>Reference: USDA Policy Memo SP 35-2009 Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)

### To be completed by Parent/Guardian and returned to School Nutrition Office:

Student's name:

School:

Grade:

State the medical or dietary need that restricts the student's diet and requires a substitute for fluid milk:

Only Lactaid or Soy Milk will be provided to student:

I want my student to receive the milk substitute: \_\_\_\_\_

I **do not** want my student to receive the milk substitute: \_\_\_\_\_

Parent Signature:

Date:

### Please return this form to:

Wilson County Schools' School Nutrition Program

Jamie Narron, Director of School Nutrition

PO Box 3878 Wilson, NC 27895

Ph: 252-399-7845 F: 252-399-0694

<b>OFFICE USE ONLY</b>	
<b>Milk substitute provided?</b> <b>Y</b> <b>N</b>	<b>Date:</b>

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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